

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 24
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee
Santa Maria Times

Date

MM / DD / YYYY
11 / 04 / 2012

Mailing Address

P.O. Box 400

Amount

City

State

Zip Code

Santa Maria , CA 93456

485.31

Purpose of Expenditure

Newspaper Advertisement

Category/
Type 004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election
for Office Sought

3,275.99

Disbursement For:

☐ Primary

☒ General 12

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Santa Maria Times

Date

MM / DD / YYYY
11 / 04 / 2012

Mailing Address

P.O. Box 400

Amount

City

State

Zip Code

Santa Maria , CA 93456

485.31

Purpose of Expenditure

Newspaper Advertisement

Category/
Type 004

Office Sought:

☐ House

State: CA

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Dianne Feinstein

Calendar Year-To-Date Per Election
for Office Sought

2,365.04

Disbursement For:

☐ Primary

☒ General 12

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Santa Maria Times

Date

MM / DD / YYYY
11 / 04 / 2012

Mailing Address

P.O. Box 400

Amount

City

State

Zip Code

Santa Maria , CA 93456

485.31

Purpose of Expenditure

Newspaper Advertisement

Category/
Type 004

Office Sought:

☒ House

State: CA

☐ Senate

District: 24

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election
for Office Sought

9,522.22

Disbursement For:

☐ Primary

☒ General 12

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1,455.93

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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